



Public Health
Prevent. Promote. Protect.

**Peoria City/County
Health Department**

Environmental Health

2116 N. Sheridan Rd.
Peoria, Illinois 61604
309/679-6161

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Instructions for Change of Ownership

These instructions shall only apply to establishments which are currently operating and have a valid Food Safety License, or establishments that have been closed for five (5) business days or less. Additionally, these instructions shall only apply if there will be no change in menu, equipment, or procedures from the previously licensed operations.

If the current owner is still affiliated with the establishment in an ownership capacity (i.e. corporate officers or general partners); it will **not** be considered a Change of Ownership. However, a new license will be issued with the corrected Licensee.

If the establishment has not been in operation **OR** if major changes, such as type of food, type of operation, structure, equipment, or floor plan are intended, it will **not** be considered a Change of Ownership and a Plan Review Packet must be completed and submitted with a Plan Review Fee.

The following items must be submitted for review **ten (10) business days prior to** the Change of Ownership:

- Change of Ownership Application
- Menu
- Floor Plan/Equipment Layout
- Septic Inspection (if applicable)
- Water Well Inspection/Samples (if applicable)
- Proof of Certified Food Protection Manager (All Cat I and II)
 - *All other employees must have received approved Food Handler Training – Provide proof at 30 Day Inspection*
- Proof of Allergen Awareness Training for CFPM's in Cat I Restaurants
- License Fee

Once all items have been submitted and approved, an inspection must be completed to determine compliance with the Illinois Food Code and Chapter 10, Food Safety, of the Peoria County Code. If it is determined that changes to the establishment must be made in order to be in compliance with the Codes; a time frame for completion will be given. Be advised some changes may be required prior to start of operations under new ownership. If the changes are not completed in the time frame given, the Food Safety License will be suspended until the changes are complete.

The Change of Ownership is not considered complete until an inspection has been conducted and a new Food Safety License has been issued. Anyone found to be operating without a valid Food Safety License may be assessed a \$200.00 penalty fee.



Peoria City/County Health Department Change of Ownership Application

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Health Protection Division
Environmental Health

The undersigned hereby makes application for a permit to operate a Food and/or Beverage Establishment and/or Retail Food Establishment in the County of Peoria.

Expected date of Change of Ownership: _ / _ / _

Establishment:

Name: _____
Address: _____
City: _____ ILLINOIS Zip Code _____
Phone: _____ FAX: _____ Email: _____

Is the establishment changing names? Yes..... No
If YES, what is the new name of the establishment? _____

Licensee (owner): _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code _____
FAX: _____ Email: _____

Send correspondence to: Establishment Licensee (owner)

Contact Person: _____ Phone: _____
Manager: _____ Phone: _____

Type of Establishment:

- Restaurant Bar/Tavern School Retail
- Bed & Breakfast Daycare Mobile Seasonal
- Long Term Care Concession Other _____

Days and Hours of Operation: _____

Water Supply: Public Semi-Private Well Non-Community Well

Sewage Disposal: Public Private (Septic System)

Certified Food Protection Manager (Required for all Category I and II establishments)

Name: _____ ID#: _____ Expiration Date: _____

Allergen Awareness Training (Required for CFPM's in Category I Restaurants)

Name: _____ ID#: _____ Expiration Date: _____

I understand that the establishment must be brought into compliance with Chapter 10, Food Safety of the Peoria County Code and the Illinois Food Code. Failure to make the required changes will result in the suspension of the Food Safety License.
I affirm that the above information is true to the best of my knowledge and belief:

Licensee Signature: _____ Date: _____

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